

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006980

Entity Name: KSCA, LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

C/O GREEN & ETTINGER
770 LEXINGTON AVENUE-11TH FL.
NEW YORK, NY 10065

New Principal Place of Business:

Current Mailing Address:

C/O GREEN & ETTINGER
770 LEXINGTON AVENUE
NEW YORK, NY 10065

New Mailing Address:

C/O GREEN & ETTINGER
770 LEXINGTON AVENUE-11TH FL.
NEW YORK, NY 10065

FEI Number: 13-4116778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GREEN, PAUL
Address: 770 LEXINGTON AVE
City-St-Zip: NEW YORK, NY 10065 US

Title: MGRM () Delete
Name: GREEN, PAUL
Address: 770 LEXINGTON AVE.
City-St-Zip: NEW YORK, NY 10065 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GREEN, ALICE
Address: 770 LEXINGTON AVE-11TH FL.
City-St-Zip: NEW YORK, NY 10065 US

Title: MGRM (X) Change () Addition
Name: GREEN, ALICE
Address: 770 LEXINGTON AVE.-11TH FL.
City-St-Zip: NEW YORK, NY 10065 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALICE GREEN

AG

03/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date